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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
X Practitioners associated with the Customer Number:	56074					
OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
Name	Registration Number		Name		Registration Number	
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as attorney(s) or agent(s) to represent the undersigned before the Uited States Patent and Trademark. Office (USPTO) in connection with any and all patent applications assigned or to the undersigned according to the USPTO assignment records or assignment documents attached to this form in according with 37 CFR 37(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						

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SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Date

Signature

Name